

**MISSOURI STATE PUBLIC DEFENDER SYSTEM**  
**3402 Buttonwood**  
**Columbia, MO 65201-3722**  
**APPLICATION FOR EMPLOYMENT**

Print or type answers to every question. Feel free to attach your resumé; however, all sections of the application must be completed.

**PERSONAL DATA**

NAME		SOCIAL SECURITY NUMBER		TODAY'S DATE	
ADDRESS (number & street)		CITY	STATE	ZIP	TELEPHONE (include area code)
POSITION APPLIED FOR (please be specific)			EARLIEST AVAILABLE DATE		EXPECTED EARNINGS/MONTH \$
DO YOU PREFER: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SPECIFY DAYS & HOURS IF PART TIME			
HAVE YOU EVER BEEN EMPLOYED BY THE STATE OF MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, LIST THE DATES AND AGENCY			
NAMES OF ANY RELATIVES EMPLOYED BY THIS DEPARTMENT					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, PLEASE EXPLAIN (Note: Disclosure of a criminal record does not automatically disqualify you from employment consideration)			
DO YOU HAVE A LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		AS A CONDITION OF EMPLOYMENT, YOU ARE REQUIRED TO SUBMIT PROOF OF EMPLOYMENT ELIGIBILITY AND IDENTITY IN COMPLIANCE WITH THE IMMIGRATION REFORM & CONTROL ACT OF 1986.			

**EDUCATION**

SCHOOLS	NAME & ADDRESS OF SCHOOL	DATES ATTENDED FROM MONTH/YEAR	TO MONTH/YEAR	DEGREE OR HIGHEST GRADE COMPLETED	MAJOR
HIGH SCHOOL					
COLLEGE (S)					
GRADUATE SCHOOL					
TECHNICAL, BUSINESS, OR OTHER SCHOOL					

PLEASE ENTER YOUR NAME HERE

FIRST NAME

M.I.

LAST NAME

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

LIST FOREIGN LANGUAGES WHICH YOU SPEAK OR READ PROFICIENTLY:

ARE YOU LICENSED TO PRACTICE LAW IN  
THE STATE OF MISSOURI?

☐ YES

☐ NO

IF YES, LIST MISSOURI BAR NUMBER:

IF NO, WHEN DO YOU ANTICIPATE LICENSURE TO PRACTICE LAW IN THE  
STATE OF MISSOURI?

## SERVICE IN U.S. ARMED FORCES

HAVE YOU SERVED IN THE U.S. ARMED FORCES?

☐ YES

☐ NO

IF YES, GIVE DATE ACTIVE DUTY BEGAN:

WHICH BRANCH OF SERVICE DID YOU SERVE IN?

DATE OF DISCHARGE:

## EMPLOYMENT HISTORY

LIST CURRENT OR MOST RECENT EMPLOYER FIRST, ACCOUNTING FOR LAST 10 YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

**CURRENT OR MOST RECENT - NAME OF EMPLOYER**

TELEPHONE (include area code)

ADDRESS (number & street)

CITY

STATE

ZIP

IMMEDIATE SUPERVISOR

EMPLOYMENT DATES (MONTH & YEAR)  
FROM: TO:

TITLE OF POSITION

SALARY AT START  
\$

SALARY AT END  
\$

DESCRIPTION OF DUTIES

REASON FOR CHANGE OR LEAVING

**NAME OF EMPLOYER**

TELEPHONE (include area code)

ADDRESS (number & street)

CITY

STATE

ZIP

IMMEDIATE SUPERVISOR

EMPLOYMENT DATES (MONTH & YEAR)  
FROM: TO:

TITLE OF POSITION

SALARY AT START  
\$

SALARY AT END  
\$

DESCRIPTION OF DUTIES

REASON FOR CHANGE OR LEAVING

**NAME OF EMPLOYER**

TELEPHONE (include area code)

ADDRESS (number & street)

CITY

STATE

ZIP

IMMEDIATE SUPERVISOR

EMPLOYMENT DATES (MONTH & YEAR)  
FROM: TO:

TITLE OF POSITION

SALARY AT START  
\$

SALARY AT END  
\$

DESCRIPTION OF DUTIES

REASON FOR CHANGE OR LEAVING

NAME OF EMPLOYER				TELEPHONE (include area code)	
ADDRESS (number & street)		CITY	STATE	ZIP	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (MONTH & YEAR) FROM: TO:		TITLE OF POSITION		SALARY AT START \$	SALARY AT END \$
DESCRIPTION OF DUTIES					
REASON FOR CHANGE OR LEAVING					
PLEASE INDICATE ANY EMPLOYERS YOU <u>DO NOT</u> WISH US TO CONTACT:					

## REFERENCES

DO NOT LIST RELATIVES

NAME & OCCUPATION	ADDRESS	TELEPHONE (include area code)
NAME & OCCUPATION	ADDRESS	TELEPHONE (include area code)
NAME & OCCUPATION	ADDRESS	TELEPHONE (include area code)

## SKILLS

PLEASE INDICATE EXPERIENCE BY CHECKING THE APPROPRIATE BOXES:

☐ 10 KEY CALCULATOR
 ☐ TRANSCRIPTION
 ☐ DATA ENTRY
 ☐ MULTI-LINE SWITCHBOARD
 ☐ TYPEWRITER

COMPUTER EXPERIENCE:

☐ MAINFRAME
 ☐ PC
 ☐ MACINTOSH
 ☐ OTHER \_\_\_\_\_

☐ WORD PROCESSING (list software)
 ☐ SPREADSHEET (list software)
 ☐ DATABASE (list software)

OTHER OFFICE EQUIPMENT YOU ARE FAMILIAR WITH:

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THIS DEPARTMENT?

## CERTIFICATION - PLEASE READ CAREFULLY

I CERTIFY THAT ALL OF THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. I HEREBY AUTHORIZE THE MISSOURI STATE PUBLIC DEFENDER SYSTEM TO MAKE ANY INVESTIGATIONS REGARDING MY PERSONAL HISTORY. IF EMPLOYED BY THE PUBLIC DEFENDER, I UNDERSTAND THAT MY EMPLOYMENT WOULD BE "AT WILL" AND COULD BE TERMINATED AT ANY TIME BY EITHER PARTY, WITH OR WITHOUT CAUSE.

SIGNATURE	DATE
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IN ORDER TO MAINTAIN CONTROL OF DOCUMENT FLOW,  
APPLICATIONS WILL BE HELD ON FILE FOR 120 DAYS.  
YOU MAY REAPPLY AFTER THAT TIME PERIOD HAS EXPIRED.

## SELECT LOCATIONS WHERE YOU ARE WILLING TO WORK

**Please Mark Selections Below by Circling the Appropriate Number(s):**

Ava	44	Liberty	07
Buffalo	30	Maryville	04
Cape Girardeau	32	Moberly	14
Carthage	29	Monett	39
Caruthersville	34	Nevada	28
Chillicothe	43	Poplar Bluff	36
Columbia	13	Rolla	25
Farmington	24	Sedalia	15
Fulton	12	Springfield	31
Hannibal	10	St. Charles	11
Harrisonville	17	St. Joseph	05
Hillsboro	23	St. Louis City	22
Jefferson City	19	St. Louis County	21
Kansas City	16	Troy	45
Kennett	35	Union	20
Kirksville	02	West Plains	37
Lebanon	26		

**CIRCLE THIS IF YOU WILL ACCEPT EMPLOYMENT ANYWHERE WITHIN THE STATE:**